Do not use this form	to update information				RECEL		her detailed forms.			
1. Committee Information										
a. Full Name	SSA OLON	THE			NOV 1 3	2008	c. ID Number			
Durham Citizens Ag	gainst The Food Tax									
b. Mailing Address (include City, State and Zip Code)					d. Date Filed					
P.O. Box 1100091 Durham NC 27709-0091						11/11/2008				
							e. Phone Number			
							919-671-1050			
2. Report Year 3. Period Start Date (mm/d			dd/yy) 4. Period E (mm/dd/yy)		5. Treas		urer Full Name			
2008 09/18/2009		12-0		1-2008	Dalla	as Woodhous	ise			
6. Type of Committee (Check One)			pe of Report	(chec	k only one t	pe of report	rt from one category)			
Candidate Campaign	Party	Municipal		State/County			Referendum			
Joint Fundraiser	PAC		Organizational		Organiza		Organizational			
Referendum Legal Expense Fund			Thirty-five day				Pre-referendum			
7. Type of Fund	(if applicable, check one)	18	Pre-primary Pre-election		Firs Sec	ond	Final Supplemental Final			
"Booster Fund" Building Fund		lΗ	Pre-runoff		Thi		Annual			
Presidential Election Year Candidates Fund			Semi-annual		Fourth		Special			
NC Public Campa	aign Financing Fund		Mid Year		Semi-annual					
Other:					Mid Year Year End		10. Special Report Name			
8. Number of Fund	raisage this Danage	-	Final Special		Final					
8. Number of Fund	laisers this Report	1								
	0				int Inform					
				II. Accou	HILL THE OLIH	ation				
11. Account Inform		59N	30 3136 BESSE	a. Financia		ull Name				
a. Financial Institution I				a. Financia	Institution F	ull Name				
				a. Financia		full Name	c. Account Code			
a. Financial Institution I	Full Name					uli Name	c. Account Code			
a. Financial Institution I	Full Name	ee				uli Name	c. Account Code d. Period Begin Balance			
a. Financial Institution I	c. Account Code	ee				uli Name				
a. Financial Institution I None b. Purpose CERTIFICATION	c. Account Code d. Period Begin Balance			b. Purpose	Institution F		d. Period Begin Balance			
a. Financial Institution I None b. Purpose CERTIFICATION I certify that the Com	c. Account Code d. Period Begin Balance \$	iance w	with prohibit by the NC sta	b. Purpose	ons of Artic	cle 22A, 22B, sed funds. I fu according to 1	d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the urther certify that this report is			
a. Financial Institution I None b. Purpose CERTIFICATION I certify that the Com	c. Account Code d. Period Begin Balanc s mmittee or Fund is in compl and that no funds are compl orract and that I have been to the complete of Signer	iance w ningled trained	with prohibit by the NC sta	b. Purpose	ons of Artic	cle 22A, 22B, sed funds. I function to 1	d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the arther certify that this report is N.C.G.S. 163-278.7(f).			
a. Financial Institution In None b. Purpose CERTIFICATION I certify that the Comnon NC General Statutes complete, true and complete in the co	c. Account Code d. Period Begin Balanc s mmittee or Fund is in compl and that no funds are compl orract and that I have been to the complete of Signer	iance w ningled trained	with prohibit by the NC sta	b. Purpose	ons of Artic	cle 22A, 22B, sed funds. I function to 1	d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the arther certify that this report is N.C.G.S. 163-278.7(f). Date Delivery Method Normal Mail			
a. Financial Institution In None b. Purpose CERTIFICATION I certify that the Comnunction NC General Statutes complete, true and complete in the Complete in t	c. Account Code d. Period Begin Balance s mmittee or Fund is in complete and that no funds are commorract and that I have been to the printed Name of Signer	iance w ningled trained	with prohibit by the NC sta	b. Purpose	ons of Artic	cle 22A, 22B, sed funds. I function to 1	d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the arther certify that this report is N.C.G.S. 163-278.7(f). Date Delivery Method Normal Mail Registered Mail Hand Delivered			
a. Financial Institution In None b. Purpose CERTIFICATION I certify that the Com NC General Statutes complete, true and complete in the Compl	c. Account Code d. Period Begin Balance s mmittee or Fund is in comple and that no funds are commorrect and that I have been to the complete of Signer ONLY	iance w ningled trained	Employee:	b. Purpose	ons of Artic	cle 22A, 22B, sed funds. I function to 1	d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the arther certify that this report is N.C.G.S. 163-278,7(f). Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received			
a. Financial Institution F None b. Purpose CERTIFICATION I certify that the Com NC General Statutes complete, true and complete, true and complete and complete are complete. Date Received: Date Postmarka	c. Account Code d. Period Begin Balance s mmittee or Fund is in comple and that no funds are commorrect and that I have been to the complex of Signer ONLY NOV 13 2008	iance w ningled trained	Employee:	b. Purpose	ons of Artic	cle 22A, 22B, sed funds. I function to 1	d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the arther certify that this report is N.C.G.S. 163-278.7(f). Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed			
a. Financial Institution F None b. Purpose CERTIFICATION I certify that the Com NC General Statutes complete, true and complete, true and complete and complete are completed. Date Postmarked Date Postmarked Date Scanned: Date Data Enter	c. Account Code d. Period Begin Balance s mmittee or Fund is in complete and that no funds are complete and that I have been to the contract and the contr	iance winingled trained to OUSC	Employee: Employee: Employee:	b. Purpose able provisi ed or other te Board of gnature of Ap	ons of Artic non-disclose lections a pointed Treas	cle 22A, 22B, sed funds. I function of the lace of the	d. Period Begin Balance \$ & 22D-22M of Chapter 163 if the arther certify that this report is N.C.G.S. 163-278,7(f). Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received			

Amendment

Yes

No No

Disclosure Report Cover

Amendment \boxtimes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if application)	100		3. ID Number			
Durham Citizens Against The Food Tax	Fin	al				
Start of Election Cycle: January	1, _2	2008		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$	0	\$	0
RECEIPTS						
5) Aggregated Contributions from Individ	luals	(CRO-1205)	\$		\$	
6) Contributions from Individuals		(CRO-1210)	\$		\$	
7) Contributions from Political Party Con	nmittees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Con	nmittees	(CRO-1230)	\$		\$	
9) Loan Proceeds		(CRO-1410)	\$		\$	
10) Refunds/Reimbursements To the Comm	nittee	(CRO-1240)	\$	and a second	\$	
11) Other Receipt Sources						
11a) Interest on Bank Accounts		(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit	Organizations	(CRO-1250)	\$		\$	
11c) Outside Sources of Income		(CRO-1250)	\$		\$	
11d) Legal Expense Fund – Other Source	ces	(CRO-1270)	\$		\$	
11 e) Exempt Purchase Price Sales		(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 1	0, 11a, 11b, 11c, 11a	and 11e)	\$		\$	
EXPENDITURES			E TH			
13) Disbursements						
13a) Operating Expenditures		(CRO-1310)	\$		\$	
13b) Contributions to Candidates/Politi	cal Committees	(CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures		(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$		\$	
15) Loan Repayments		(CRO-1420)	\$		\$	
16) Refunds/Reimbursements From the Co	mmittee	(CRO-1320)	\$		\$	
17) In-Kind Contributions		(CRO-1510)	\$	0	\$	26,026.05
18) TOTAL EXPENDITURES (Add lines 13a,	13b, 13c, 14, 15, 16 d	and 17)	\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 tog	gether, then subtract l	ine 18)	\$		\$	
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Co	mmittees	(CRO-1330)	\$	I I I I I I I I I I I I I I I I I I I		
21) Outstanding Loans (incl. ones from other	er campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed By the Con	nmittee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Con	mittes n n n	E9PX 20)	\$			
24) Account Transfers Within the	CEIV	5 (0 PP20)	\$			
25) Administrative Support		(drp-110)	\$		\$	
26) Forgiven Loans	NOV 1 3 200	(0,00)	\$		\$	
27) 48-Hour Notice Reports Sum		(CRO-220)	\$		\$	
28) Contributions to be Refunded		(CRO-1215)	\$		\$	=
and, contributions to be iterationed		10000	T			



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name:

Durham Citizens Against The Food Tax

Treasurer Name:

Dallas Woodhouse

Treasurer Address:

(include city, state, & zip)

200 West Morgan Street

Suite 100

Raleigh

NC 27601

Treasurer Phone:

919 671 1050

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

11/11/08

Date Signed

NOV 1 3 2008

Signature

CRO-3400

Certification to Close Committee

June 2007